

CERTIFICATE OF DEATH

REGISTRAR'S NO.

264 ✓

BIRTH NO.

15 IF DEATH ND 51 RESIDENCE	1. PLACE OF DEATH A. COUNTY Yuma		B. LENGTH OF STAY IN THIS TOWN 30 yr IN ARIZONA 30 yr		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION; RESIDENCE BEFORE ADMISSION) A. STATE Arizona B. COUNTY Yuma					
	C. CITY OR TOWN Yuma		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN Yuma <input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS					
	D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) 160 N. 8th Avenue					D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 160 N. 8th Avenue				
1 2 3 4 55	3. NAME OF DECEASED (TYPE OR PRINT) Minnie Elma Lozar			4. SEX Female		5. COLOR OR RACE White		6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married		
	6B. NAME OF SPOUSE Melvin Lozar		7. DATE OF BIRTH MONTH DAY YEAR May 3 1883		8. AGE (IN YEARS LAST BIRTHDAY) 72		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) Housewife			
	9B. KIND OF BUSINESS OR INDUSTRY Home		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Missouri		11. CITIZEN OF WHAT COUNTRY? USA		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) NO		13. SOCIAL SECURITY NO. no	
	14A. FATHER'S NAME Jas. A. Clayton		14B. BIRTHPLACE (STATE OR COUNTRY) Ohio		15A. MOTHER'S MAIDEN NAME Celesta Crook			15B. BIRTHPLACE (STATE OR COUNTRY) Ohio		
USE IF ATH A 18)	16. INFORMANT'S SIGNATURE Melvin Lozar				ADDRESS 160 N. 8th Ave Yuma, Arizona				17. DATE OF DEATH (MONTH) (DAY) (YEAR) December 22 1955	
	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE (A), (B), (C). *THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (A) Myocardial infarction cryptogenic (B) Coronary arteriosclerosis (C) Atherosclerosis II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.						INTERVAL BETWEEN ONSET AND DEATH 1 day 5 yrs? 2 yrs?	
	19A. DATE OF OPERATION 12-23-55		19B. MAJOR FINDINGS OF OPERATION above						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
	21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Jan 1943 to Dec 22 1955, THAT I LAST SAW THE DECEASED ALIVE ON Dec 21 1955, AND THAT DEATH OCCURRED AT 2 AM M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.									
FUNCTIONS, OPSY	22A. SIGNATURE (DEGREE OR TITLE) [Signature]				22B. ADDRESS Yuma, Ariz				22C. DATE SIGNED 12/23/55	
	23A. ACCIDENT (SPECIFY) SUICIDE HOMICIDE NATURAL CAUSE ✓		23B. PLACE OF INJURY (E.G. IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)			23C. (CITY OR TOWN) (COUNTY) (STATE)				
	23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		23F. HOW DID INJURY OCCUR?					
DEATH DUE TO EXTERNAL /IOLENCE	24A. CORONER'S SIGNATURE				24B. ADDRESS				24C. DATE SIGNED	
	25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE 12-27-55		25C. NAME OF CEMETERY OR CREMATORY Desert Lawn Memorial Park			25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Yuma, Arizona		
ERAL TOR 93 ID TRAR 12 130	26A. DATE REC. BY LOCAL REG. 12-27-1955		26B. REGISTRAR'S SIGNATURE [Signature]		27A. FUNERAL DIRECTOR'S SIGNATURE [Signature]		27B. ADDRESS Box 310 Yuma, Arizona			